

Dkt 2

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

15CV7498

RECEIVED
SDNY PRO SE OFFICE
2015 SEP 22 AM 10:32Quandell Hickman

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York
New York City Police Department
28th Precinct
Officer Smith #9632
25th Precinct

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Quandell Hickman</u>
	ID #	<u>15A0462</u>
	Current Institution	<u>Bare Hill Correctional Facility</u>
	Address	<u>181 Brand Road, Caller Box 20,</u> <u>Malone, New York, 12953</u>

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name OFFICER MS. Smith Shield # 9632
 Where Currently Employed 28th Precinct
 Address _____

Defendant No. 2 Name 25th Precinct Shield # N/A
 Where Currently Employed 119th Lexington
 Address New York, N.Y. 10035

Defendant No. 3 Name 28th Precinct Shield # N/A
 Where Currently Employed 28th Precinct
 Address _____

Defendant No. 4 Name New York City Police Department Shield # N/A
 Where Currently Employed _____
 Address New York City Police Department

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? N/A
- B. Where in the institution did the events giving rise to your claim(s) occur? N/A
135th 5th Ave on Bridge, N.Y., N.Y. 10035
- C. What date and approximate time did the events giving rise to your claim(s) occur? 6-27-14
12:00 AM - 1:00 AM

D. Facts: I was at a cook out multiple people was shot Every one is trying to run to safety and the police (N.Y.P.D.) Decides to stop the crowd and search every one in the mist of them searching everyone a shot was let off into the crowd causing me to get shot falling to the ground and breaking a bone in my foot. Then while every ones running Female Officer Smith from the 28th Precinct shield #9632 comes back towards me aggressively roughs me up Drags me off the floor, cuffs me repeatedly Kicks my foot AS they pulling me off the floor like I'm suppose to know whats going on Breaking my glasses and Damaging my hat. I was Officer Smith and other Officers from the 28th precinct and 25th Precinct

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Broken Bone in left foot around Ankle and heel area Stitches and cast

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐ N/A

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐ N/A

If YES, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒ N/A

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? N/A

2. What was the result, if any? N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I happen on the streets before
I got to jail I did grievance my
medical treatment

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: The Comptroller

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). File charges against the New York City Police Department, The 28th Precinct the 25th Precinct Officer Smith #9632 and for compensation I would like 1,000,000... (One million Dollars) in U.S. currency for my injuries, how I obtained them injuries, the treatment and disrespect I received after I got injured money for my damaged property, and for the mental and emotional stress I went through. Also for not being able to see or call my family while in hospital.

On
these
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ___

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Bryant et al.Defendants City of New York et al.

2. Court (if federal court, name the district; if state court, name the county)
- United States District Court Southern District of N.Y.

3. Docket or Index number
- 14-cv-8672 (SHS)

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes
- ☒
- No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20 day of July, 2015.

Signature of Plaintiff

Quandell Hickman

Inmate Number

15A0462

Institution Address

Bare Hill Correctional

181 Brand Road

Caller Box 20

Malone, New York, 12953

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 20 day of July, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Quandell Hickman

9-16-15

To whom it may concern,

I'm sorry I was not able to send Extra copies of complaint. the facility in in wont allow me to get copies. Also my address has been changed from Bare hill to upstate correctional facility P.O. Box 2001 malone, N.Y. 12953. Sorry for the inconvenience your help is trully appreciated.

Respectively

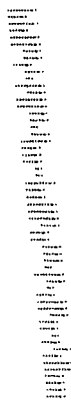
Quentin Hick

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Quandell Hickman 15A046Z

UPSTATE CORRECTIONAL FACILITY
P.O. BOX 2000, 309 BAREHILL ROAD
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Upstate
★
Correctional Facility

Pro se office

United States District Court
Southern District of New York
Daniel Patrick Moynihan U.S. Courthouse
500 Pearl Street
Room 230
New York, New York, 10007

LEGAL MAIL